

# **QUALITY CONTROL PLAN**

# INSTALLATION OF ASPHALT CAP AT SWMU 25 NS MAYPORT, FLORIDA N62467-02-D-0483/014



#### **Prepared for:**

Naval Facilities Engineering Command Southern Division Charleston, South Carolina

#### Prepared by:

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**MARCH 2006** 

This Quality Control (QC) Plan was prepared for the Naval Facilities Engineering Command, Southern Division. The QC Plan is submitted in fulfillment of the Scope of Work (SOW) under Contract N62467-02-D-0483, Delivery Order 0014, Installation of Asphalt Cap at SWMU 25 Site - NS Mayport, FL and will serve as a guide for assuring that the T N & Associates, Inc. (TN&A) construction and administrative practices meet standards of performance for construction activities associated with the referenced contract. It is an acknowledgement by TN&A and its staff, that quality control (QC) is an integral part of all construction. The QC Plan contains the methods and procedures that will be followed by TN&A for construction work performed either by TN&A or a subcontractor.

The basis for this QC program is the U. S. Army Corps of Engineers three-phase quality control program. All work performed by TN&A or its subcontractors will comply with the applicable specifications, drawings, and standards with respect to the contractor-furnished equipment, materials, workmanship, construction, finish, functional performance, and identification.

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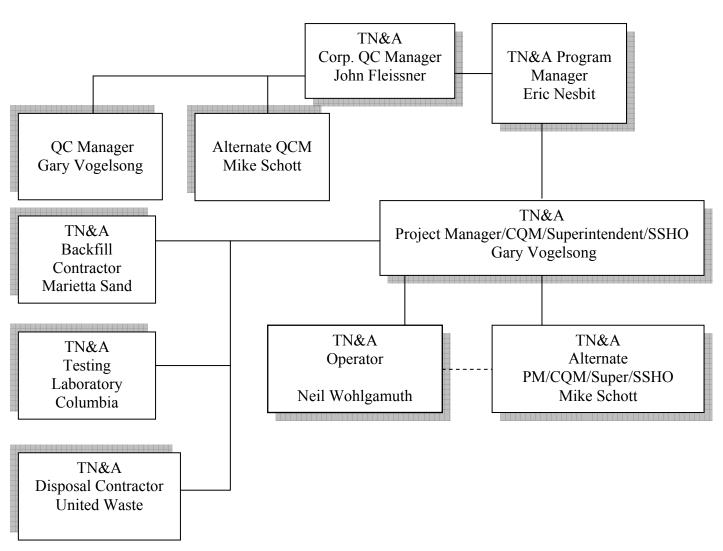
#### APPENDIX A

Submittal Register
Rework Item List
Contractor Production Report
Contractor Quality Control Report
Preparatory Phase Checklist
Initial Phase Checklist

### I. QC Organization

The QC Organization Chart (Figure 1-1) specifically identifies the project participants and lines of communication. The organization is structured to ensure that there are sufficient QC personnel with adequate authority to satisfy all contract requirements. The achievement of quality in project activities is the responsibility of all TN&A personnel and subcontractors participating on the project.

Figure 1-1
Project Organization Chart
Installation of Asphalt Cap at SWMU 25
NS Mayport, FL



#### II. Names and Qualifications of QC Personnel

The names and qualifications of the designated Quality Control Manager (QCM) and alternate QCM are listed in the following resumes. Because of the nature and level of complexity of the project, the QCM and alternate will have other job functions in addition to their construction QC duties. The QCM is the lead on-site person whose level of knowledge and experience qualifies them to determine whether the construction is being performed in compliance with the project plans and specifications. The alternate QCM is also an individual whose level of knowledge and experience qualifies them to determine whether the construction is being performed in compliance with the project plans and specifications.

#### III. Duties, Responsibility, and Authority of QC Personnel

#### A. Quality Control Manager

The QCM for the Project is Gary Vogelsong. The QCM implements and manages the QC program. The QCM attends the coordination and mutual understanding meeting and conducts the QC meetings. Additionally, the QCM will perform the three phases of Quality Control, perform submittal approval, ensure testing is performed as necessary, and provide any QC certifications and documentation required in the contract. The QCM is responsible for managing and coordinating the three phases of control and documentation performed by Testing Laboratory personnel and any other testing and inspection personnel required by this contract.

#### **B. Alternate Quality Control Manager**

The Alternate QCM is Mike Schott. The Alternate QCM serves in the designated QCM's absence for a maximum of two weeks at a time, and for not more than a total of 30 days. When the QCM is not available, the Alternate QCM implements and manages the QC program. The Alternate QCM attends the coordination and mutual understanding meeting and conducts the QC meetings in the QCM's absence. Additionally, in the QCM's absence, the Alternate QCM will perform the three phases of Quality Control, perform submittal review and approval, ensure testing is performed as necessary, and provide any QC certifications and documentation required in the contract. The Alternate QCM is responsible for managing and coordinating the three phases of control and documentation performed by Testing Laboratory personnel and any other testing and inspection personnel required by this contract at those times when the QCM is unable to perform those roles.

# **Gary Vogelsong**

#### **Education**

MS, ALS; Trauma; Emergency Medicine, Medical College of Ohio, 1985

BS, Mechanical Engineering, Scranton University ICS Schools, 1979

BS, Science, United States Military Academy at West Point, 1974

#### Registrations/Certifications

Certified Quality Control Manager, U.S. Army Corps of Engineers, 1995

OSHA 40-Hour HAZWOPPER, Supervisor, 1995 with annual refresher

OSHA 40-Hour HAZWOPPER, 1991 with annual refresher

OSHA Construction Safety and Health Certification, 2004

Certified Underground Storage Tank Decommissioning and Installation, 1994

First Aid/CPR, 1995 with annual refresher

Confined Space Entry Certified, 1995

Trenching and Excavation Competent Person, 2002

International Fire Code Certified: Decomissioning/Retrofit/Installation, 1997

API 653 Tank Inspection Certification Course, 2002

Certified Deep Water Diver, Underwater Inspection, 1990

#### **Relevant Experience**

Mr. Vogelsong is an accomplished Quality Control and Construction Manager with over 20 years of field experience. He has proven expertise in executing construction and remediation projects within budget and on schedule. Professional experience includes the following.

#### **Environmental Multiple Award Contract; region 4; Florida**

Mr. Vogelsong has served as Project Manager/Site Superintendent/Quality Control Manager/Health and Safety officer for multiple contract awards throughout the SOUTHDIV Region 4 – Florida region. He has performed initial site visits, proposal preparation, work plan and schedule preparation, subcontractor procurement, field implementation, and project completion reports for thirteen (13) previous awards.

#### Costal Systems Station - Panama City, FL

Site Superintendent/Quality Control Manager for JP-5 fueling system project. Responsible for quality control and site supervision for the installation of load, off-load, and hot fueling systems in support of base aircraft. Project included monitoring and recovery well closures and installations, and relocation of existing equipment.

#### Costal Systems Station - Panama City, FL

Site Superintendent/Quality Control Manager for installation of dock fueling system piping and leak monitoring system. Responsible for quality control, site supervision, and the design and installation of fuel piping system with leak detection for dockside fueling of Navy ships. The project included removal of existing piping, and the installation and testing of new double wall FRP fuel piping and leak detection.

#### Project Manager, West Ramp Replacement, Wright-Patterson AFB, OH.

Managed engineering, quality control, and construction for the demolition of existing C-141 aircraft tarmac and Prichard Type II fueling system and the design and construction of a new C-17 aircraft tarmac and AF Standard Type III fueling system. Demolition activities included the abatement of previously unknown asbestos containing pipe coatings and transite electrical conduits and the interface with state regulators to coordinate in-place closures of underground storage tanks.

Program Manager, US Navy, Environmental Job Order Contract, Great Lakes Naval Base, IL. Managed the engineering, quality control, and construction for the development, design, and implementation of multiple delivery orders and emergency responses throughout the 15 state Great Lakes Naval Base responsibilities.

**Contract Manager, Construction Quality Control, Toledo Army Reserve Center, OH.** Provided construction quality control for 2-story Army Reserve buildings to be used for offices, training, and maintenance support, as well as extensive parking areas and perimeter fencing. Responsible for the inspection and oversight of all aspects of construction and equipment installation to meet quality assurance and health standards. This project received the Marvin M. Black – Excellence in Partnering Award.

Project Manager, USACO Geotechnical Investigation and Remediation, former NIKE Missile Sites, IN. Provided overall planning, coordination, supervision, and administration of the environmental investigation and cleanup of three former DOD sites for the transfer of properties to public use.

Project Manager, USACO Geophysical Investigations, Grissom AFB, IN. Provided overall planning, coordination, and administration of product recovery and monitoring wells under US and State EPA

#### MICHAEL J. SCHOTT

### Staff Engineer

Mr. Schott is an agricultural/biological (environmental) engineer with a focus on soil, water and water quality. He has extensive experience in natural resources management. He currently provides Engineering and Quality Control tasks including obtaining price quotes for new projects, field engineering and management, drafting reports, and proposal and project scheduling support.

# Lift Station Rehabilitation and Sanitary Sewer Replacement & Rehab

#### **USACE - Omaha District, Langley AFB, VA**

Responsible for quality control for the design and construction of 3 miles of underground utilities, primarily sewer pipe. 10,583 If of sanitary sewer pipe was rehabilitated and 4,200 lf was replaced. A VE analysis of rehabilitation methods and proposed use of pipe reaming to avoid trenching in areas with other underground utilities. This approach saved \$300K and the project was completed more than 4 months ahead of schedule, even after performing additional tasks ordered during execution.

# Hydrant Fueling System Langley AFB, Hampton, VA

Duties included surface water sample collection for contaminates on flight line and headspace monitoring during excavation of contaminated soil. This project entails supporting the prime contractor with soil and water screening, sampling and transport and disposal of contaminated soil/water.

### Seymour Johnson AFB

Provided sampling collection and assistance; engineering duties including site surveying and monitoring wells relative elevations; and field labor support.

# NAS Whiting Field Soil Vapor Extraction (SVE) Sites 1438 & 1439

#### NAVFAC - South Division, Milton, FL

Responsible for quarterly monitoring of extraction points on this \$187,000 CTO for design, construct, and O&M remediation services associated with a former bulk fuel storage facility supporting NAS Whiting Field aircraft.

#### Education

BS, Biological/Agricultural Engineering with a concentration in Environmental Engineering, North Carolina State University, 2005

BS, Biology with a concentration in Natural Resources Management, Western Carolina University, 1993

#### **Specialized Training**

40-hour OSHA HAZWOPER

USACE CQM certification, 2006

SureTrak Scheduling Software Training, 2006

First Aid and CPR, 2005

#### **Professional Affiliations**

American Society of Agricultural / Biological Engineers, 2005-06 A combination of thirty-nine shallow 20-feet bgs and deep 60-feet bgs SVE wells were installed strategically across the site and connected through buried piping to a TN&A designed skid mounted vacuum system. SVE effluent samples were collected, analyzed, and reported on a quarterly basis thru November of 2005.

# Biosparge at Wastewater Treatment Plant (WWTP) NAVFAC – South Division, NAS Pensacola

Conducted quarterly sampling of 10 wells for this \$120K task order under an Environmental Multiple Award Contract (EMAC). Project included the installation of remediation system to remediate a chlorinated benzene contamination in shallow groundwater beneath capped formed sludge drying beds at the WWTP.

# Tongue Point Landfill Remedial Action USACE – Kansas City District, Astoria, OR

Junior Project Manager. Responsible for quality control, sampling, and various field activities necessary for remedial action at Tongue Point Landfill. Waste oil, diesel fuel, and sludge removed from mothballed ships were reportedly burned in a pit or tank within the landfill. Due to the diversity of industries that operated at the facility, the landfill may have been used for the disposal of an assortment of solid and liquid wastes.

#### IV. Outside Organizations

All vendors and subcontractors selected are agents of TN&A by way of master services agreements, contracts, subcontracts, and similar agreements. As such they are responsible through TN&A for maintaining QC procedures that are in compliance with Naval Facilities Engineering Command, Southern Command, Contract N62467-02-D-0483, Delivery Order 0014 Scope of Work, contractual agreements made with TN&A, and this QC Plan. These agents will provide the TN&A QCM with all necessary quality control data, reports, and certifications as required for submittal upon request.

Surveillance of the subcontractor's operations is the responsibility of the TN&A QCM. Major discrepancies will be recorded and transmitted to the subcontractor with directions for correction and resolution. The QCM has authority to act directly with subcontractor representatives on routine QC issues. If a discrepancy is related to concrete placement or will be obscured by subsequent construction operations, a resolution will be required before related construction tasks can proceed.

TN&A will use several outside organizations on this project. The specific information for the designated subcontractor for each task will be provided as the selections are made. The types of subcontractors and their responsibilities are as follows.

#### • Environmental Testing Laboratory

Responsibilities: Fill sample analysis (if required), surface soils analysis for disposal

#### • Paving Subcontractor

• Prep and Backfill

Responsibilities: Site prep and placement of asphalt cap in accordance with approved Work Plan.

• Transportation and Disposal

Responsibilities: Hauling and disposal of excavated surface soils accordance with applicable regulations.

# V. Appointment Letters

Prior to beginning construction and as part of the project specific QC plan, letters will be written designating the QCM and alternate. These letters will spell out their authority. Copies of the signed Appointment Letters are included as the next two pages.



23 March 2005

Mr. Gary Vogelsong T N & Associates, Inc. 3691 Palmetto Pointe Blvd – Suite 302 Myrtle Beach, SC 29588

RE: Appointment as Quality Control Manager for the Asphalt Cap Installation Project at Naval Station Mayport, Florida

#### Dear Mr. Vogelsong:

This letter is to notify you of your appointment as Quality Control Manager (QCM) for the Asphalt Cap Installation Project - SWMU 25 at the Naval Station Mayport, Florida. As QCM, you will implement and manage the QC program. You will attend the coordination and mutual understanding meeting and conduct the QC meetings. Additionally, as QCM, you will perform the three phases of Quality Control, perform submittal approval, ensure that testing is performed as necessary, and provide any QC certifications and documentation required by the contract. You will be responsible for managing and coordinating the three phases of control and documentation performed by testing laboratory personnel and any other testing and inspection personnel required by this contract.

In the event that you discover a deficiency in construction quality, you will immediately bring the deficiency to the attention of the project superintendent. You will verify that the superintendent directs that the deficiencies be corrected, and that rework items are completed as necessary. If it becomes necessary, you have the authority to issue a stop work order so that QC issues can be resolved.

If you have any questions, please contact me at (414) 606-6734.

Sincerely,

ohn Fleissner, PE

Corporate QA/QC Manager



23 March 2006

Mr. Mike Schott T N & Associates, Inc. 6404 Falls of the Neuse Road – Suite 102 Raleigh, NC 27615

RE: Appointment as Alternate Quality Control Manager for the Asphalt Cap Installation Project at SWMU 25 at Naval Station Mayport, Florida

Dear Mr. Schott:

This letter is to notify you of your appointment as Alternate Quality Control Manager (QCM) for the Asphalt Cap Installation Project - SWMU 25at the Naval Station Mayport, Florida

The Alternate QCM serves only in the designated QCM Gary Vogelsong's absence for a maximum of two weeks at a time and for not more than a total of 30 days. As Alternate QCM, you will implement and manage the construction QC program in the QCM's absence. You will attend the coordination and mutual understanding meeting and, in the QCM's absence, conduct the QC meetings. Additionally, as Alternate QCM, you will perform the three phases of Quality Control, and in the QCM's absence, perform submittal approval, ensure that testing is performed as necessary, and provide any QC certifications and documentation required by the contract. In the QCM's absence, you will be responsible for managing and coordinating the three phases of control and documentation performed by the testing laboratory personnel and any other testing and inspection personnel required by this contract.

In the event that you discover a deficiency in construction quality, you will immediately bring the deficiency to the attention of the project superintendent. You will verify that the superintendent directs that the deficiencies be corrected, and that rework items are completed as necessary. If it becomes necessary, you have the authority to issue a stop work order so that QC issues can be resolved.

If you have any questions, please contact me at (414) 606-6734.

Sincerely,

John Fleissner, PE

Corporate QA/QC Manager

#### VI. Submittal Procedures and Initial Submittal Register

The submittal reviewer for this project will be the QCM. In addition to the QCM, or in the event that the QCM is unable to perform the duties of submittal reviewer, the Alternate QCM will act as submittal reviewer. After review by the QCM, submittals will either be approved or returned to the preparer for revision. Approved submittals will be forwarded to the Contracting Officer or his designate. Seven copies of product data requiring review and approval by the contracting officer will be submitted. An executed Transmittal Form and Submittal Register will accompany each submittal. Shop drawings, samples and Operation and Maintenance Data will be submitted as required by the appropriate specifications. An executed Transmittal Form and Submittal Register will accompany each submittal. The approval status will be verified with the QCM's signature and date affixed to the Transmittal Form.

The submittals for the project will be recorded in a Submittal Register prepared at the beginning of the project. The Submittal Register for Contract N62467-02-D-0483, Delivery Order 0013 is included in Appendix A.

Each of the primary Submittal Descriptions are divided into more detailed submittal requirements relative to specific Specification Section paragraphs. Contract requirement items such as Daily Monitoring Logs, Manifests for Wastes, and Certificates of Disposal will be submitted throughout the contract period.

# VII. Testing Laboratory Information

A Sampling and Analysis Plan will be prepared prior to the start of the project, with a testing schedule, and places for recording test data. All testing will be in accordance with the applicable sections of the specifications.

Laboratory services for the project will be used to determine the disposal method that is appropriate for the waste and to verify that fill material meets FDEP standards. The laboratory for the project will be accredited by the appropriate Accreditation Authority for the materials being tested. The selected laboratory for this project is Columbia Analytical Laboratories in Jacksonville, FL. Additional laboratories may be utilized to support this project as needed.

## VIII. Procedures to Complete Rework Items

The QCM shall maintain a list of work that does not comply with the contract, identifying what items need to be reworked, the date the item was discovered, and the date it will be corrected by. There is no requirement to report rework items that are found and corrected on the same day. Rework items will be noted on a "Rework Items List" that includes the date that the rework item was discovered, and when the rework is scheduled for completion. The QCM will verify that rework items are completed as scheduled, and will note when items are corrected on the "Rework Items List." An example "Rework Items List" is included in Appendix A. No work will be built on top of items requiring rework. If necessary, the QCM will halt other work until rework items are completed.

#### IX. Documentation Procedures

Various forms of documentation will be generated and completed during this project. The documentation will consist of Contractor Quality Control Reports, Contractor Production Reports, Quality Control Summary Reports, Preparatory Phase Checklists, Initial Phase Checklists, Rework Items List, Transmittal Forms, Submittal Registers, Testing Plan and Log, Waste Management Plan and Log, field equipment inspections, confined space entry reports, equipment manuals, equipment certifications, performance certifications, analytical sample results and others as required by the contract and the direction of the Contracting Officer.

Work will be documented on the Contractor Production Report and Contractor Quality Control Report. The Contractor Production Report and Contractor Quality Control Report will only be completed for those days when actual on-site work is performed. Sample copies of the Contractor Production Report and Contractor Quality Control Report can be found in Appendix A. Each submittal requiring government approval will be complete and in sufficient detail to allow ready determination of compliance with contract requirements.

#### X. List of Definable Features

A definable feature of work is a task that is separate and distinct from other tasks and has separate control requirements. The definable features of work for this project are as follows:

- Scoping and Plan
- Site Management
- Quality Control
- Backfill Material Sampling and Analysis (if backfill is required)
- Waste Characterization Sampling and Analysis (surface soils associated with site prep)
- Site Mobilization
- Site Preparation
- Transportation and Disposal
- Asphalt Cap placement
- Site Restoration
- Remedial Action Completion Report

# XI. Procedures for Performing the Three Phases of Control Using a Quality Control Checklist

The three phases of control will adequately cover both on-site and off-site work and will include the following:

#### • Preparatory Phase:

- 1. Review of project specifications.
- 2. Verify that the appropriate submittals have been submitted.
- 3. Review the testing plan as appropriate.
- 4. Examine the work area to insure that the required preliminary work is complete.
- 5. Examine the required materials and equipment to insure that they are on hand.
- 6. Discuss construction methods, tolerances, and workmanship standards with project personnel identifying potential problems and solutions.
- 7. Review safety and hazard analysis for the activity to insure that the applicable safety requirements are met.
- 8. Coordinate all activities with Base Operations personnel.

#### • Initial Phase:

- 1. Establish the quality of workmanship required.
- 2. Resolve conflicts.
- 3. Ensure that applicable testing is performed.
- 4. Check procedures for compliance with the safety plan.
- 5. Verify adherence to flight line operations requirements.

#### • Follow-up Phase:

- 1. Ensure that work is in compliance with contract requirements.
- 2. Maintain the quality of workmanship required.
- 3. Ensure that testing is performed.
- 4. Ensure that rework items are being corrected.
- 5. Perform safety inspections.

Since the definable features of work generally follow closely on each other, individual formal QC meetings will not necessarily be held for each phase of each feature of work. A QC meeting will be held prior to the start of construction, and as needed when there is a significant change in the nature of the work from that discussed in the preconstruction QC meeting.

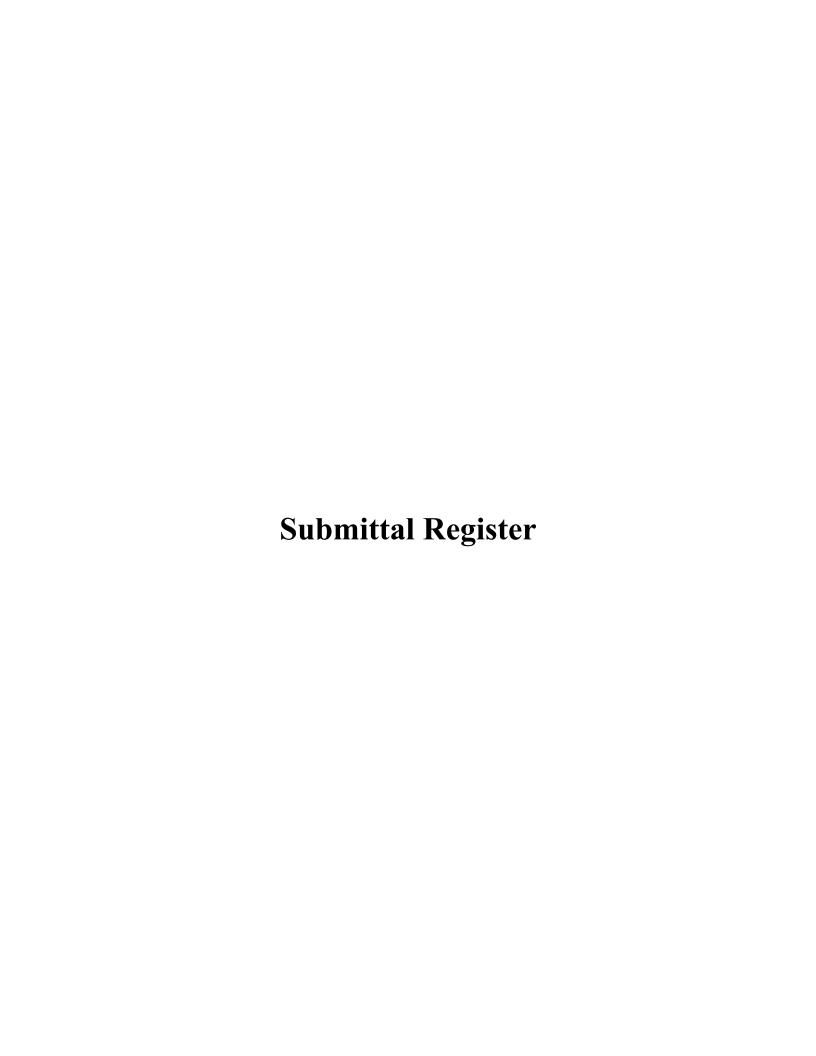
#### XII. Personnel Matrix

The QCM (Gary Vogelsong) or Alternate QCM (Mike Schott) will approve QC submittals and will perform and document the three phases of quality control. The QCM or Alternate QCM will collect samples as necessary for testing and will deliver them to the laboratory for testing. Testing will be documented on the daily QC reports and in the project closure report.

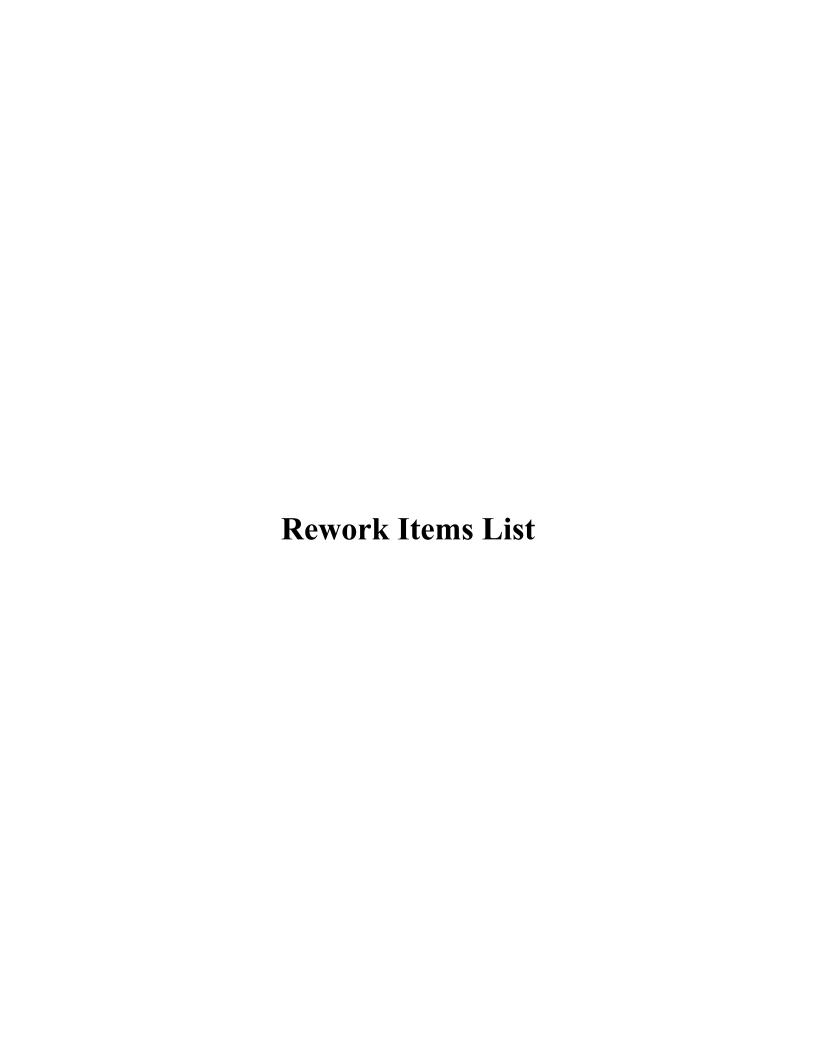
### XIII. Procedures for Completion of Inspection

The QCM or Alternate QCM will be on site at any time that work is performed, and will inspect the work as it progresses and verify in person that the work meets the plans and specifications for the project. The QCM will verify that rework items are completed as scheduled, and will note when items are corrected on the Rework Items List. No work will be built on top of items requiring rework, and if necessary, the QCM will halt other work until rework items are completed.

# Appendix A



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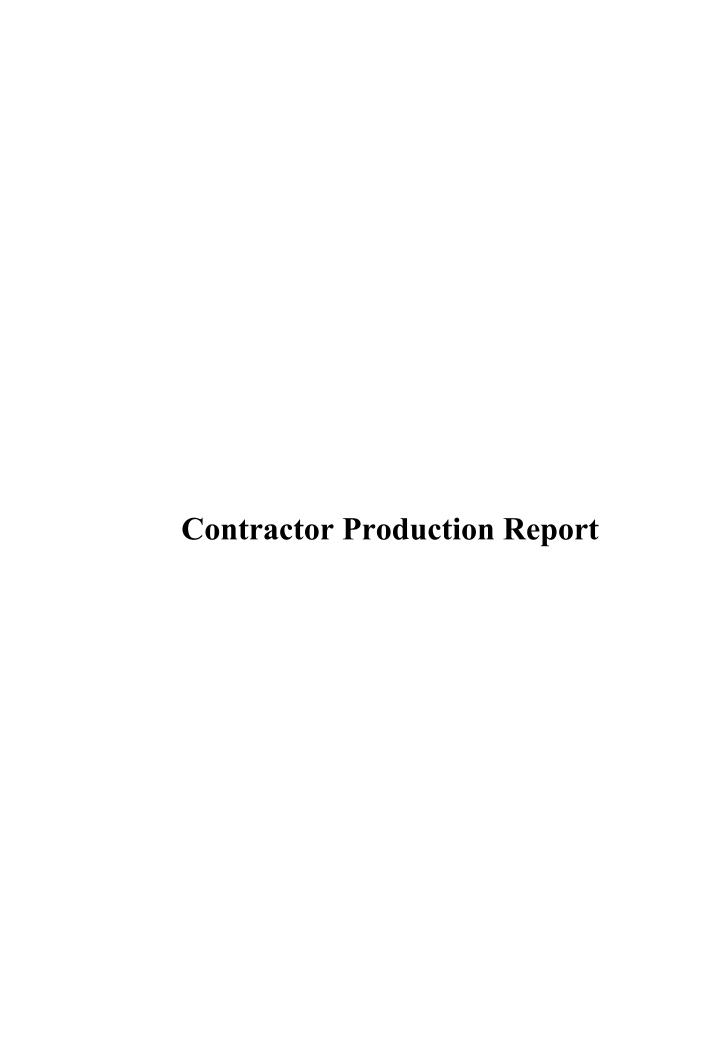


### **REWORK ITEMS LIST**

Contract No. and Title: N62467-02-D-0483/014 - SWMU 25 Asphalt Cap Installation at NS Mayport, Florida

Contractor: TN & Associates, Inc.

| NUMBER | DATE<br>IDENTIFIED | DESCRIPTION | CONTRACT REQUIREMENT (Spec. Section and Par. No., Drawing No. and Detail No., etc.) | ACTION TAKEN<br>BY QC MANAGER | RESOLUTION | DATE<br>COMPLETED |
|--------|--------------------|-------------|---|-------------------------------|------------|-------------------|
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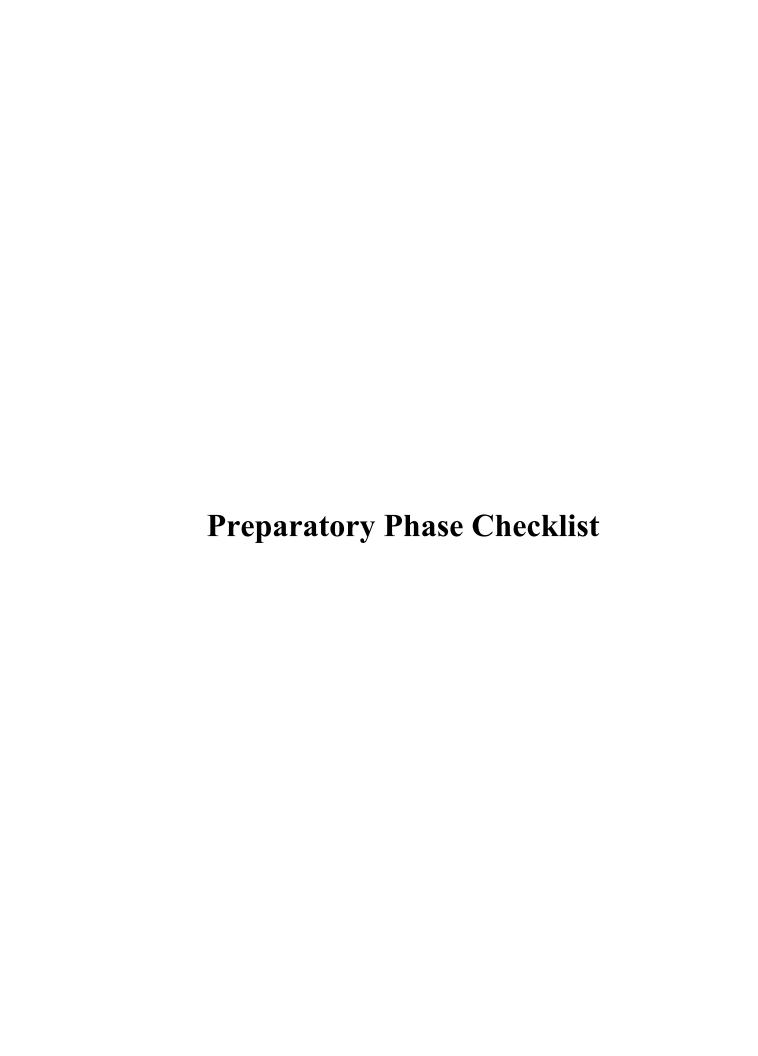
|                          | ACTO             | R PRODUCTION (ATTACH ADDITION                              | ON REPORT  IAL SHEETS IF NECESSARY) |                         |         | DATE Enter D  | ate (D | D/MMM/YY)     |
|--------------------------|------------------|--|-------------------------------------|-------------------------|---------|---|--------|---------------|
| CONTRACT NO: N62467-02-I | D-0483/014       | TITLE AND LOCATION: SWMU 25                                | Asphalt Cap Installation at         |                         |         | REPORT NO Ente  | r Repo | ort # Here    |
| CONTRACTOR               |                  | TN & Associates, Inc.                                      |                                     | SUPERINTENDENT          | Gary V  | ogelsong - CQCM   |        |               |
| AM WEATHER               | F-4 ANA \A/4     | han Data Hana  | PM WEATHER                          | ANN - the a Detail land |         | MAX TEMP (F)  |        | IN TEMP (F)   |
|                          | Enter AM Weat    | ner Data Here  | WORK PERFO                          | Weather Data Here       | ΔΥ      | Enter Max Temp Here   | Enter  | Min Temp Here |
| Schedule                 |                  | WORK LOCATION AND DE                                       |                                     | EMPLOYER                | NUMBER  | TRADE   |        | HRS           |
| Activity No.             |                  | WORK EOGATION AND DE                                       | SOMETION                            | LWFLOTER                | NOMBLIX | INADE   |        | TINO          |
|                          |                  |  |                                     |                         |         |   |        |               |
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|                          |                  |  |                                     |                         |         |   |        |               |
| Job S                    | afetv            | WAS A JOB SAFETY MEETING (If YES attach copy of the meet   |                                     | YES                     | □NO     | TOTAL WORK HOURS ON J<br>SITE,<br>THIS DATE, INCL CON'T SHI |        |               |
|                          |                  | WERE THERE ANY LOST TIM<br>(If YES attach copy of complete | ed OSHA report)                     | YES                     | □ NO    | CUMULATIVE TOTAL OF WO<br>HOURS FROM PREVIOUS<br>REPORT     | ORK    |               |
| (If YES attach stat      | ement or checkli | st showing inspection performed                            | •                                   | YES YES                 | □ NO    | TOTAL WORK HOURS FROM                                       |        |               |
| (If YES attach des       |                  | ASTE RELEASED INTO THE EN<br>nt and proposed action.)      | NVIRONMENT?                         | YES                     | □ NO    | START OF CONSTRUCTION                                       |        |               |
| Schedule<br>Activity No. | LIST SAFETY      | ACTIONS TAKEN TODAY/SAFE                                   | TY INSPECTIONS CONDUCTE             | D                       |         | SAFETY REQUIREME  | NTS HA | VE BEEN MET.  |
|                          |                  |  |                                     |                         |         |   |        |               |
|                          |                  |  |                                     |                         |         |   |        |               |
| Schedule                 | Submittal #      | ED TODAY TO BE INCORPORA  Description of Equipment/Mai     | ATED IN JOB (INDICATE SCHEI         | DULE ACTIVITY NUMBER    | )       |   |        |               |
| Activity No.             |                  |  |                                     |                         |         |   |        |               |
|                          |                  |  |                                     |                         |         |   |        |               |
|                          |                  |  |                                     |                         |         |   |        |               |
|                          |                  |  |                                     |                         |         |   |        |               |
| CONSTRUCTION             | AND PLANT EC     | QUIPMENT ON JOB SITE TODA                                  | Y. INDICATE HOURS USED AN           | D SCHEDULE ACTIVITY I   | NUMBER. |   |        |               |
| Schedule<br>Activity No. | Owner            | Description of Construction E                              | quipment Used Today (incl Make      | and Model)              |         |   |        | Hours Used    |
|                          |                  |  |                                     |                         |         |   |        |               |
|                          |                  |  |                                     |                         |         |   |        |               |
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| Schedule<br>Activity No. | REMARKS          |  |                                     |                         |         |   |        |               |
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|                          | <u> </u>         |  |                                     | CONTRACTOR/SUPERIN      |         | DATE  |        |               |
|                          |                  |  | G                                   | ary Vogels              | ong     |   |        |               |

| CONTR                       | ACTOR  | R PRODUCTION REPORT (CONTINUATION SHEET)              | रा                           |  | DATE      |              |
|-----------------------------|--|---|------------------------------|--|-----------|--------------|
| CONTRACT NO:<br>N62467-02-D |  | TITLE AND LOCATION:  SWMU 25 Asphalt Cap Installat    | ation at NS Mayport, Florida |  | REPORT NO |              |
| WORK                        | PERFO  | RMED TODAY  |                              |  |           |              |
| Schedule<br>Activity No.    |  | WORK LOCATION AND DESCRIPTION                         | EMPLOYER                     | NUMBER   | TRADE     | HRS          |
| Addivity 140.               |  |   |                              |  |           |              |
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|                             |  |   |                              |  |           |              |
| Schedule<br>Activity No.    | LIST SAFETY AC                                   | CTIONS TAKEN TODAY/SAFETY INSPECTIONS COND            | DUCTED                       |  |           |              |
|                             |  |   |                              |  |           |              |
|                             |  |   |                              |  |           |              |
|                             |  |   |                              |  |           |              |
|                             |  |   |                              |  |           |              |
| EQUIPMENT/MAT<br>Schedule   |  | D TODAY TO BE INCORPORATED IN JOB (INDICATE           | SCHEDULE ACTIVITY NUMBER)    |  |           |              |
| Activity No.                | Submittal #                                      | Description of Equipment/Material Received            |                              |  |           |              |
|                             |  | <del> </del>  |                              |  |           |              |
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| CONSTRUCTION                | AND PLANT EQU                                    | LIPMENT ON JOB SITE TODAY. INDICATE HOURS US          | SED AND SCHEDULE ACTIVITY NU | JMBER.   |           |              |
| Schedule<br>Activity No.    | Owner  | Description of Construction Equipment Used Today (inc | ıcl Make and Model)          |  |           | Hours Used   |
| 7 tourney                   |  |   |                              |  |           |              |
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| Schedule                    | <u> </u>   |   |                              |  |           |              |
| Activity No.                | REMARKS  |   |                              |  |           |              |
|                             |  |   |                              |  |           |              |
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|                             | <del>                                     </del> |   |                              |  |           |              |
|                             |  | INCLUDE ALL PERSONNEL WORK HOUR                       | RS IN THE WORK PERFORMED SE  | CTION ON THI                                     | S SHEET   |              |
|                             |  | INTO THE FRONT CO                                     | ONTRACTOR PRODUCTION REPO    | )RT  |           |              |



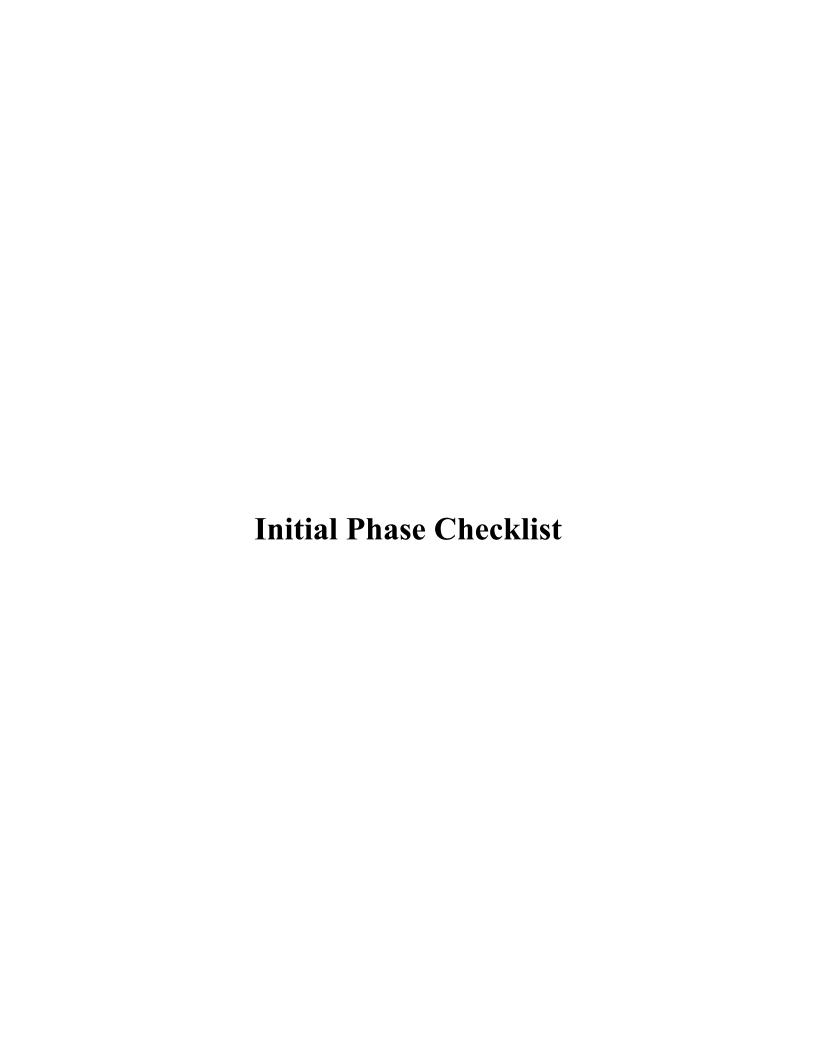
| COV               | ITR        | ACT                | OR QUALITY C   | ONTROL REP                                    |                          |                 |                 | DATE<br>REPORT   |      | DD/MMM/YY) Rpt # Here |
|-------------------|------------|--------------------|--|---|--------------------------|-----------------|-----------------|------------------|------|-----------------------|
| PHASE             | CONTR      | ACT NO:            | N62467-02-D-0483/014   |   | LE: SWMU 25.             | Asphalt Cap Ins | tallation at NS | NO<br>Mayport, F |      |                       |
| ≿                 |            |                    | ORY PHASE WORK PREFORMED TO  | ODAY?   |                          | YES 🗌           | № □             |                  |      |                       |
| PREPARATORY       | Sch        | nedule<br>vity No. | Definable Feature of Work  |   | -                        |                 |                 |                  |      | Index #               |
| PREPA             |            |                    |  |   |                          |                 |                 |                  |      |                       |
|                   |            |                    | SE WORK PREFORMED TODAY?<br>AND ATTACH SUPPLEMENTAL INIT   | FIAL PHASE CHECKLIST.                         |                          | YES 🗌           | № □             |                  |      |                       |
| INITIAL           |            | nedule<br>vity No. | Definable Feature of Work  |   |                          |                 |                 |                  |      | Index #               |
|                   |            |                    | WITH CONTRACT AS APPROVED IN SWITH SAFETY REQUIREMENTS?  | DURING INITIAL PHASE?                         |                          |                 | YES<br>YES      |                  | NO   |                       |
|                   |            | nedule<br>vity No. | Description of Work, Testing Perform<br>Section, Location and List of Personn  | ned & By Whom, Definable Featu<br>nel Present | ure of Work, Specific    | eation          |                 |                  |      |                       |
| V-UP              |            |                    |  |   |                          |                 |                 |                  |      |                       |
| FOLLOW-UP         |            |                    |  |   |                          |                 |                 |                  |      |                       |
| Ĭ                 |            |                    |  |   |                          |                 |                 |                  |      |                       |
|                   |            |                    |  |   |                          |                 |                 |                  |      |                       |
| REWORK            | ITEMS I    | DENTIFIE           | TODAY (NOT CORRECTED BY CLO  | OSE OF BUSINESS)                              | REWORK ITEMS             | CORRECTED TOD   | AY (FROM REW    | ORK ITEMS L      | JST) |                       |
| Sched<br>Activity |            | Description        |  |   | Schedule<br>Activity No. | Description     |                 |                  |      |                       |
|                   |            |                    |  |   |                          |                 |                 |                  |      |                       |
|                   |            |                    |  |   |                          |                 |                 |                  |      |                       |
| REMARK            | S (Also E  | Explain Any        | Follow-Up Phase Checklist Item From  | n Above That Was Answered "N                  | O"), Manuf. Rep On       | -Site, etc.     |                 |                  |      |                       |
| Sched<br>Activity |            | Description        | <u> </u>   |   |                          |                 |                 |                  |      |                       |
|                   |            |                    |  |   |                          |                 |                 |                  |      |                       |
|                   |            |                    |  |   |                          |                 |                 |                  |      |                       |
| equipmen          | nt and mat | erial used an      | ertify that this report is complete and corred work performed during this reporting per awings and specifications to the best of m | eriod is in<br>ny knowledge                   | Gary Vo                  |                 |                 |                  |      |                       |
|                   |            | his report.        | T QUALITY ASSU   |   | AUTHORIZED QC I          |                 | E<br>DATE       |                  |      | DATE                  |
| QUALITY           | ASSURA     |                    | RESENTATIVE'S REMARKS AND/OF   |   |                          |                 |                 |                  |      |                       |
| Sched<br>Activity |            | Description        | 1  |   |                          |                 |                 |                  |      |                       |
|                   |            |                    |  |   |                          |                 |                 |                  |      |                       |
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|                   |            |                    |  |   | GOVERNMENT QU            | JALITY ASSURAN  | CE MANAGER      |                  |      | DATE                  |

| CON               | ITRA            | CTO        | OR QUALITY CON  | NTRO       | L REPOR                  | RT                         | DATE            | Date (DD/MMM/YY) |
|-------------------|-----------------|------------|---|------------|--------------------------|----------------------------|-----------------|------------------|
|                   |                 |            | (CONTIN<br>(ATTACH ADDITION   | NUATION S  | SHEET)                   |                            | REPORT NO.      | Enter Rpt # Here |
| PHASE             | CONTRA          | CT NO      | N62467-02-D-0483/014  |            | ONTRACT TITLE:           | SWMU 25 Asphalt Cap Instal | lation at NS Ma | yport, Florida   |
|                   | WORK C          | OMPLIES    | WITH CONTRACT AS APPROVED DURIN   | NG INITIAL | . PHASE?                 | YES [                      |                 |                  |
|                   |                 |            | WITH SAFETY REQUIREMENTS?   | D. Mham    | Definable Facture of We  | YES [                      | NO              |                  |
|                   | Sche<br>Activit |            | Description of Work, Testing Performed & B<br>Section, Location and List of Personnel Pre | esent      | Definable Feature of Wo  | ork, Specification         |                 |                  |
|                   |                 |            |   |            |                          |                            |                 |                  |
|                   |                 |            |   |            |                          |                            |                 |                  |
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| Δ.                |                 |            |   |            |                          |                            |                 |                  |
| ⊃<br>×            |                 |            |   |            |                          |                            |                 |                  |
| FOLLOW-UP         |                 |            |   |            |                          |                            |                 |                  |
| <b>10</b> .       |                 |            |   |            |                          |                            |                 |                  |
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|                   |                 |            |   |            |                          |                            |                 |                  |
| REMARKS           | S (Also Exp     | olain Any  | I<br>Checklist Item From Above That Was Answ  | ered "NO") | , Manuf. Rep. On-Site, e | etc.                       |                 |                  |
| Sched<br>Activity | lule<br>No.     | escription | 1   |            |                          |                            |                 |                  |
| •                 |                 |            |   |            |                          |                            |                 |                  |
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| DRFD                             | ARATORY PHASE CHECKLI                                  | ST.                            | SPEC SECTION                  |               | DATE                     |
|----------------------------------|--|--------------------------------|-------------------------------|---------------|--------------------------|
| IXLP <i> </i>                    | (CONTINUED ON SECOND PAGE)                             | <b>0</b> i                     | Enter Spec Se                 | ection # Here | Enter Date (DD/MMM/YY)   |
| CONTRACT NO N62467-02            |  | Here                           | SCHEDULE ACT N<br>Enter Sched |               | INDEX# Enter Index# Here |
|                                  | GOVERNMENT REP HOURS IN ADVANCE:                       |                                | YES 🗌                         | № □           |                          |
| _                                | NAME   | POSITION                       | 1                             | COMPANY/GOVE  | ERNMENT                  |
| Z<br>W                           |  |                                |                               |               |                          |
| ES                               |  |                                |                               |               |                          |
| PR                               |  |                                |                               |               |                          |
| 긥                                |  |                                |                               |               |                          |
| Z                                |  |                                |                               |               |                          |
| SO                               |  |                                |                               |               |                          |
| PERSONNEL PRESENT                |  |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
|                                  | REVIEW SUBMITTALS AND/OR SUBMITTAL REGISTER. HAVE AL   | L SUBMITTALS BEEN APPROVED?    |                               |               | YES NO NO                |
|                                  | IF NO, WHAT ITEMS HAVE NOT BEEN SUBMITTED?             |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
| တ                                | ARE ALL MATERIALS ON HAND?                             | YES NO                         |                               |               |                          |
| Ι¥Ι                              | IF NO, WHAT ITEMS ARE                                  | TES NO                         |                               |               |                          |
| <u> </u>                         | MISSING?   |                                |                               |               |                          |
| SUBMITTALS                       |  |                                |                               |               |                          |
| รเ                               |  |                                |                               |               |                          |
|                                  | CHECK APPROVED SUBMITTALS AGAINST DELIVERED MATERI     | AL. (THIS SHOULD BE DONE AS MA | TERIAL ARRIVES.)              | )             |                          |
|                                  | COMMENTS:  |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
|                                  | ARE MATERIALS STORED PROPERLY?                         | YES NO NO                      |                               |               |                          |
| μП                               | IF NO, WHAT ACTION IS TAKEN?                           |                                |                               |               |                          |
| RIA<br>AG                        |  |                                |                               |               |                          |
| MATERIAL<br>STORAGE              |  |                                |                               |               |                          |
| MA                               |  |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
|                                  | DEVIEW FACIL DADACDADIL OF ODECIFICATIONS              |                                |                               |               |                          |
|                                  | REVIEW EACH PARAGRAPH OF SPECIFICATIONS.               |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
| NS                               |  |                                |                               |               |                          |
| 9                                | DISCUSS PROCEDURE FOR ACCOMPLISHING THE WORK.          |                                |                               |               |                          |
| SPECIFICATIONS                   |  |                                |                               |               |                          |
| IFIC                             |  |                                |                               |               |                          |
| EC                               |  |                                |                               |               |                          |
| SP                               | CLARIFY ANY DIFFERENCES.                               |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
|                                  | ENSURE PRELIMINARY WORK IS CORRECT AND PERMITS ARE     | ON EILE                        |                               |               |                          |
|                                  |  | OIT LLL.                       |                               |               |                          |
| PRELIMINARY<br>Work &<br>Permits | IF NOT, WHAT ACTION IS TAKEN?                          |                                |                               |               |                          |
| ELIMINAR<br>Work &<br>Permits    |  |                                |                               |               |                          |
| NO<br>VER                        |  |                                |                               |               |                          |
| N V                              |  |                                |                               |               |                          |
|                                  |  |                                |                               |               |                          |
| J Ω ⊢ _ 2                        | IDENTIFY TEST TO BE PERFORMED, FREQUENCY, AND BY WHOM. |                                |                               |               |                          |

|                           | WHEN REQUIRED?                           |                |      |
|---------------------------|--|----------------|------|
|                           |  |                |      |
|                           |  |                |      |
|                           |  |                |      |
|                           | WHERE REQUIRED?                          |                |      |
|                           |  |                |      |
|                           |  |                |      |
|                           |  |                |      |
|                           | REVIEW TESTING PLAN.                     |                |      |
|                           | -  |                |      |
|                           |  |                |      |
|                           |  |                |      |
|                           | HAS TEST FACILITIES BEEN<br>APPROVED?    |                |      |
|                           |  |                |      |
|                           |  |                |      |
|                           |  |                |      |
|                           | ACTIVITY HAZARD ANALYSIS APPROVED?       | YES NO NO      |      |
|                           | REVIEW APPLICABLE PORTION OF EM 385-1-1. |                |      |
| SAFETY                    |  |                |      |
| AFE                       |  |                |      |
| Ø                         |  |                |      |
|                           |  |                |      |
|                           | NAVY/ROICC COMMENTS DURING MEETING.      |                |      |
| <u>II</u> S               |  |                |      |
| Æ                         |  |                |      |
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|                           | OTHER ITEMS OR REMARKS:                  |                |      |
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|                           |  | QC MANAGER     | DATE |
|                           |  | Gary Vogelsong |      |



| INITIA                  | L PHAS          | E CHECKLIST  |                              | SPEC SECTION  Enter Spec S | Section # Here   | Enter Date (DD/MMM/YY) |
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| CONTRACT NO             |                 | DEFINABLE FEATURE OF WORK  |                              | SCHEDULE ACT               | NO.              | INDEX#                 |
|                         | 2-D-0483/014    |  | Here                         |                            | Act ID Here      | Enter Index# Here      |
| <b>-</b>                |                 | REP NOTIFIED HOURS IN ADVANCE:   |                              | YES                        | № □              |                        |
| PERSONNEL PRESENT       | NAME            |  | POSITION                     |                            | COMPANY/GOVER    | RNMENT                 |
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|                         | IDENTIFIN FULL  | COMPLIANCE WITH PROCEDURES IDENTIFIED  | AT DDEDADATORY COORDINATE I  | DI ANO ODEOJEJO            | ATIONO AND OUR   | MITTALO                |
| PROCEDURE<br>COMPLIANCE | IDENTIFIT FULL  | COMPLIANCE WITH PROCEDURES IDENTIFIED  | AT PREPARATURY, COURDINATE I | PLANS, SPECIFICA           | ATIONS, AND SUBI | VIII TALS.             |
| DO ¥                    | COMMENTS:       |  |                              |                            |                  |                        |
| SCE<br>PL               |                 |  |                              |                            |                  |                        |
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| <b>₽</b> 0              |                 |  |                              |                            |                  |                        |
|                         | ENSURE PRELIM   | MINARY WORK IS COMPLETE AND CORRECT. IF  | NOT, WHAT ACTION IS TAKEN?   |                            |                  |                        |
| PRELIMINARY<br>WORK     |                 |  |                              |                            |                  |                        |
| ₹×                      |                 |  |                              |                            |                  |                        |
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|                         | FOTABLIOLI I EV | EL OE WORKMANOUIR  |                              |                            |                  |                        |
|                         | WHERE IS WORK   | EL OF WORKMANSHIP.<br>K  |                              |                            |                  |                        |
|                         | LOCATED?        |  |                              |                            |                  |                        |
| <u> </u>                |                 |  |                              |                            |                  |                        |
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| 5                       | IS SAMPLE PANE  |  | YES _                        |                            |                  |                        |
| J.R.                    |                 | L WORK BE CONSIDERED AS A SAMPLE?<br>IN IN PRESENT CONDITION AS LONG AS POSSI  | YES T                        | NO 🗌                       |                  |                        |
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| z                       | RESOLVE ANY D   | DIFFERENCES.   |                              |                            |                  |                        |
| 잍                       | COMMENTS:       |  |                              |                            |                  |                        |
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| RESOLUTION              |                 |  |                              |                            |                  |                        |
| RE                      |                 |  |                              |                            |                  |                        |
|                         | REVIEW IOR CO   | NDITIONS USING EM 385-1-1 AND JOB HAZARD   | ΔΝΔΙ Υςις                    |                            |                  |                        |
| <b></b>                 | COMMENTS:       | NUMBER OF THE STATE OF THE STAT | ANALIGIO                     |                            |                  |                        |
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| CHECK SAFETY            |                 |  |                              |                            |                  |                        |
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|                         | OTHER ITEMS O   | R REMARKS  |                              |                            |                  |                        |
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| отнек                   |                 |  |                              |                            |                  |                        |
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|                         |                 |  | QC MANAGER<br>Gary Vo        | -<br>maleona               |                  | DATE                   |
|                         |                 |  | Gary VO                      | Actoond                    |                  |                        |